

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1							51					
2		1						52					
3		1						53					
4		1						54					
5		1						55					
6		1						56					
7		1						57					
8		1						58					
9		1						59					
10		1						60					
11	1							61					
12	1							62					
13		1						63					
14	1							64					
15		1						65					
16		1						66					
17		1						67					
18	1							68					
19		1						69					
20		1						70					
21		1						71					
22	1							72					
23		1						73					
24	1							74					
25		1						75					
26	1							76					
27		1						77					
28		1						78					
29	1							79					
30		1						80					
31		1						81					
32								82					
33								83					
34								84					
35								85					
36								86					
37								87					
38								88					
39								89					
40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	11	↓		↓		↓		TOTAL IND.		↓		↓	
TOTAL DEP.	20	←		←		←		TOTAL DEP.		←		←	
TOTAL CLAIMS	31	██████████		██████████		██████████		TOTAL CLAIMS		██████████		██████████	

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